PATENT APPLICATION FEE DETERMINATION RECOR Effective October 1, 2003										,	•	DOCKE! IVE	nuper	
CLAIMS AS FILED - PART I								SMALL ENTITY OTHER THAN						
_			(Colur	nn 1)	(Co	lumn 2)		TYPE			OF	OTHER THAN		
	OTAL CLAIM	s 20						RATE		FEE	٦.	RATE	FEE	
F	OR	·	NUMBE	NUMBER FILED		NUMBER EXTRA		BASIC F	EE 3	85.00	OR	BASIC FE	E 770.00	
Т	OTAL CHARGE	EABLE CLAIMS	20 n	20 minus 20=		• 0		X\$ 9=			OR	X\$18=	1	
ΙN	DEPENDENT	CLAIMS	3	3 minus 3 =		. 0		X43=			7	You	 	
М	ULTIPLE DEPE	ENDENT CLAIM	PRESENT	RESENT							OR	700=	<u> </u>	
* If the difference in column 1 is less than zero, enter "0" in column 2								+145=			OR	+290=		
CLAIMS AS AMENDED - PART II								TOTAL	3	<u>285</u>	OR	TOTAL	· ·	
		(Column 1)		:D - PART II (Column 2) (Column 3)			SMALL ENTITY				OR	OTHER THAN OR SMALL ENTITY		
ENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ST IER USLY	PRESENT EXTRA		RATE	TIC	DDI- DNAL		RATE	ADDI- TIONAI	
AMENDMENT	Total	*	Minus	**	<u>On</u>	=		X\$ 9=	1	EE		X\$18=	FEE	
MEN	Independent	*	Minus	***		=	┢	X43=	╁		OR			
<u>م</u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							A43=	┼		OR	X86=		
	1,13,17,								$oxed{oxed}$		OR	+290=		
	1 /						ΑŪ	TOTAL DDIT. FEE			OR	TOTAL ADDIT. FEE		
5		(Column 1) CLAIMS	· ·	(Colum		(Column 3)	_		T :=		1 r			
		REMAINING AFTER AMENDMENT		NUMBI PREVIOL PAID F	JSLY	PRESENT EXTRA		RATE	TIO	DI- NAL EE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**	•	=		X\$ 9=			OR	X\$18=		
	Independent	*	Minus	***		=		X43=	-		OR	X86=		
!	FIRST PRESE	\vdash	4.45											
								+145=	<u> </u>		OR	+290= TOTAL	•	
							AD	DIT. FEE			OR A	DDIT. FEE		
. T	`	(Column 1) CLAIMS		(Column HIGHES		(Column 3)			·		_			
		REMAINING AFTER AMENDMENT		NUMBE PREVIOU PAID FO	R SLY	PRESENT EXTRA	F	RATE	ADI TION FE	IAL		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	disk		=		(\$ 9=			OR	X\$18=		
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	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							170=			OR	X86=		
· If 1	If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR _	+290=		
H	"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADI										OR AC	TOTAL DIT. FEE		
Th	e *Highest Numi	ber Previously Paid	For" (Total or	Independent)	is the h	ighest number to	ound i	in the app	ropriat	e box	in colun	nn 1.		